

**TRANSMITTAL
FORM**

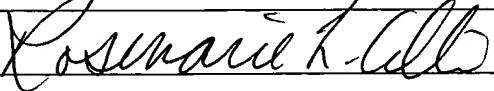
(to be used for all correspondence after initial filing)

		Application Number	09/724,319
		Filing Date	November 27, 2000
		First Named Inventor	Schenk, Dale B.
		Art Unit	1649
		Examiner Name	Turner, Sharon L.
Total Number of Pages in This Submission	4	Attorney Docket Number	15270J-004743US

ENCLOSURES (Check all that apply)

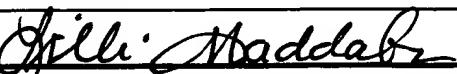
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings Sheets	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 page, submitted in duplicate)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<ul style="list-style-type: none"> • Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	The Commissioner is authorized to charge any additional fees to Deposit Account 19-4880.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Rosemarie L. Celli	Reg. No. 42,397
Signature		
Date	August 2, 2006	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as "first class mail" in an envelope addressed to: Mail Stop: AF; Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on the date indicated below.

Typed or printed name	Lilli Maddatu	
Signature		Date
	August 2, 2006	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 15270J-004743US										
<p>I hereby certify that this correspondence is deposited on August 2, 2006, with the United States Postal Service as "first class mail" in an envelope addressed to: Mail Stop: AF; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>Signature </p> <p>Typed or printed name <u>Lilli Maddatu</u></p>		<p>In re Application of Schenk, Dale B.</p> <table border="1"> <tr> <td>Application Number 09/724,319</td> <td>Filed November 27, 2000</td> </tr> <tr> <td colspan="2">For: PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE</td> </tr> <tr> <td>Art Unit 1649</td> <td>Examiner Turner, Sharon L.</td> </tr> </table>	Application Number 09/724,319	Filed November 27, 2000	For: PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE		Art Unit 1649	Examiner Turner, Sharon L.				
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For: PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE												
Art Unit 1649	Examiner Turner, Sharon L.											
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>												
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500.00</u>										
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-4880</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>												
<p>I am the</p> <table> <tr> <td><input type="checkbox"/> applicant/inventor.</td> <td><u>Rosemarie L. Celli</u></td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td> <td><u>Rosemarie L. Celli</u></td> </tr> <tr> <td><input type="checkbox"/> attorney or agent of record. Registration number <u>650-625-8100</u></td> <td>Typed or printed name</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>42,397</u></td> <td>Telephone number</td> </tr> <tr> <td></td> <td>Date <u>August 2, 2006</u></td> </tr> </table>			<input type="checkbox"/> applicant/inventor.	<u>Rosemarie L. Celli</u>	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<u>Rosemarie L. Celli</u>	<input type="checkbox"/> attorney or agent of record. Registration number <u>650-625-8100</u>	Typed or printed name	<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>42,397</u>	Telephone number		Date <u>August 2, 2006</u>
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	Date <u>August 2, 2006</u>											
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>												

*Total of 1 forms are submitted.

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